

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

John Jones)
Inmate # 159081)
)
)

(Enter above the full name of the
Plaintiff(s) in this action. Include prison
registration number(s).)

v.

5. St. Louis County,)
DEPARTMENT OF JUSTICE)
SERVICES OF MISSOURI)
1. NURSE - ANN KEARNEY RN.)
2. PAUL LISTENBERGER (F.S. NOB))
4. NURSE - GERRARD)
3. MEDICAL DIRECTOR - Rita)
HENDRICKS)
)

(Enter above the full name of ALL Defend-
ant(s) in this action. Fed. R. Civ. P. 10(a)
requires that the caption of the complaint
include the names of all the parties. Merely
listing one party and "et al." is insufficient.
Please attach additional sheets if necessary.

Case No. _____
(To be assigned by Clerk)

jury trial
demanded

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT:

St. Louis County, Department of Justice
SERVICES OF MISSOURI

II. PREVIOUS CIVIL ACTIONS:

- A. Have you brought any other civil actions in state or federal court dealing with the same facts involved in this action or otherwise relating to your confinement?

YES []

NO [X]

B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): _____

Defendant(s): _____

2. Court where filed: _____

3. Docket or case number: _____

4. Name of Judge: _____

5. Basic claim made: _____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

III. GRIEVANCE PROCEDURES:

A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES ☒

NO ☐

B. Have you presented this grievance system the facts which are at issue in this complaint?

YES ☒

NO ☐

- C. If your answer to "B" is YES, what steps did you take: Informal
Resolution, formal Inmate Grievance
forwarded to Medical Department
and Food Service
- D. If your answer to "B" is NO, explain why you have not used the grievance system:
- _____
- _____

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: John Jones
2. Plaintiff's address: 100 So. Central, P.O. Box 16060
Clayton, MO. 63105
3. Registration number: IMN# 159081
4. Additional Plaintiff(s) and address(es): NONE
- _____
- _____

B. Defendant(s)

1. Name of Defendant: St. Louis County Justice
SERVICES OF MISSOURI
2. Defendant's address: 100 So. Central, P.O. Box 16060
Clayton, Missouri 63105
3. Defendant's employer and job title: Paul Lichtenburger -
Food Service Manager
4. Additional Defendant(s) and address(es): (1.) Nurse - Ann Kearney RN,
Lead Nurse
(2.) Medical Director - Rita Hendricks
(3.) Nurse - Gerard
- 100 So. Central, P.O. Box 16060
Clayton, Missouri 63105

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES []

NO [X]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [X]

NO []

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

ROGER WALLACH 314-308-2900
RODNEY HOLMES 214-249-8713

D. If your answer to "B" is NO, explain why you have not made such efforts:

E. Have you previously been represented by counsel in a civil action in this Court?

YES []

NO [X]

F. If your answer to "E" is YES, state the attorney's name and address:

- VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

(1.) That on the 13th day of FEBRUARY 2015, the Plaintiff was injured in food service within the Department of Justice Services of St. Louis County MO. That after the injury the Plaintiff was taken to medical service, to wit, an X-RAY was completed HOWEVER. NO OTHER MEDICAL TREATMENT WAS CONDUCTED THEREAFTER. (A.) Upon being sentenced by the TWENTY SECOND Judicial Circuit Court of St. Louis County Missouri, the commitment was for a term of ONE YEAR County time, while under the sentence imposed on the 9th day of January 2015. The Plaintiff was assigned by Justice Services to food services on the 28th day of OCTOBER 2014, AS part of his assignment in food service as

UTILITY WORKER/PORTER. THIS ASSIGNMENT RELATES TO GENERAL CLEANING AND OTHER UP KEEP OF THE DIVISION.

ON THE DATE LISTED ABOVE AND WHILE GATHERING UP AND BREAKING DOWN EMPTY BOXES TO COMPLETE THE ASSIGNED DETAIL, OTHER INMATES WHERE MAINTENANCE TABLES.

WHILE THEY WERE COMPLETING AND MOVING THE TABLES, SOME OF THE WHEELS HAD FALLEN FROM UNDER ONE OF THE TABLES CAUSING IT TO FALL OVER ON THE PLAINTIFF^{AS HE} WAS ATTEMPTING TO RETRIEVE AND PICK UP BOXES FROM THAT AREA. AT THAT TIME THE HEAVY METAL TABLE FELL UPON THE PLAINTIFF LEFT LEG AND FOOT AREA, BREAKING TWO TOES.

(B.) THAT BETWEEN THE 13TH DAY OF FEBRUARY 2015, AND THE 13TH OF MARCH 2015, THE PLAINTIFF REQUESTED MEDICAL CARE RELATED TO THE INJURY, TO WIT, THE PLAINTIFF FOOT BEGIN FROM DAY ONE TO BE SWOLLEN, PAINFUL, STILL AND VERY DIFFICULT TO WALK ON.

ON 3-13-2015 AFTER A NUMBER OF REDRESSES, MEDICAL REPLIED TO ONE REDRESS WITH AN ALLEGED APPOINTMENT TO SEE AN OUT SIDE DOCTOR IN THE NEAR FUTURE. HOWEVER THE DELAY OF MORE THAN THIRTY DAYS IN DELAYED MEDICAL TREATMENT HAS CAUSE THE PLAINTIFF INTENSE PAIN IN HIS LEFT FOOT AND ANKLE, WITH SWELLON AND LIMITED MOBILITY AND WITHOUT KNOWLEDGE AS TO WHEN AND WHAT DATE HAS BEEN SET FOR MEDICAL TREATMENT TO REPAIR THE PROBLEM.

(C.) AT CURRENT THE PLAINTIFF IS AND HAS BEEN WALKING WITH AID OF INKATES, CRUTCHES AND OTHER ITEMS PROVIDED. ON THE 20TH DAY OF FEBRUARY 2015 MEDICAL PROVIDED GAUZE SPONGES AND TAPE TO HOLD MY TOES TOGETHER UNTIL TREATMENT BEGIN.

WHICH A DATE IS UNKNOWN WHILE THE PAIN CONTINUES.

THEREBY THE DEFENDANT SEEKS MEDICAL TREATMENT TO REPAIR THE INJURY, INJUNCTIONS TO

provide CARE and a standing ORDER to Limit
this from happening to other inmates.

Actual Lost in amount of \$300, -
000.00 and punitive of \$1,000,000.00

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

Provide an order of the standing
PURPOSE of providing MEDICAL SERVICES
to all inmates, and provide an
ORDER for said defendant to be
RESPONSIBLE for all my MEDICAL needs
due to my injury.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒

NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

Actual \$300,000.00 PLUS punitive
\$1,000,000.00 RELATED to the ACTUAL COST
of REPAIR and PUNITIVE NATURE of OVER 30-days
DELAY BEFORE RENDERING MEDICAL SERVICE.

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒

NO ☐

John Jones

Signature of attorney or pro se Plaintiff(s)

2-20-2015

Date